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Date of Deposit

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of Applicant (or identifier): TSAI ET AL

Title: POUCH FOR MEDICAL USE

1. ☒ Specification (Including Claims and Abstract) - 22 pages
2. ☒ Drawings - 4 sheets
3. ☒ Executed Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. ☐ Nucleotide and/or Amino Acid Sequence Submission
6. ☐ Computer Readable Copy
7. ☐ Paper Copy
8. ☐ Statement Verifying Identity of Above Copies
9. ☐ Preliminary Amendment
10. ☒ Assignment Papers (Cover Sheet & Document(s))
11. ☐ English Translation of
12. ☐ Information Disclosure Statement
13. ☐ Certified Copy of Priority Document(s)
14. ☒ Return Receipt Postcard
15. ☐ Other:

☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee										\$	750
Multiple Dependent Claim Fee (\$ 280)										\$	
Foreign Language Surcharge (\$ 130)										\$	
	For	Number Filed		Number Extra		Rate					
Extra Claims	Total Claims	24	-20	4	x	\$	18	=	\$ 72		
	Independent Claims	5	-3	2	x	\$	84	=	\$ 168		
TOTAL FILING FEE										\$	990

- ☒ Please charge Deposit Account No. 02-3869 in the name of Bristol-Myers Squibb Company in the amount of \$990. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 02-3869 in the name of Bristol-Myers Squibb Company.

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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (908) 904-2373.

Respectfully submitted,

Date: July 30, 2003


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